

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: IVY MID CAP GROWTH RET OPT; 1b Three-digit plan number (PN): 515; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>IVY MID CAP GROWTH RET OPT</u>		B Three-digit plan number (PN) ▶	<u>515</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BLACKBURN'S FABRICATION, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BLACKBURN'S FABRICATION, INC.	c EIN-PN 31-1446789-001
a	Plan name CHAHTA HOLDING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CHAHTA HOLDING GROUP, INC.	c EIN-PN 26-4761691-001
a	Plan name CUEVAS AND VILLA, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CUEVAS AND VILLA, INC.	c EIN-PN 20-0367962-001
a	Plan name DIAKON LOGISTICS 401(K) PLAN	
b	Name of plan sponsor DIAKON LOGISTICS, INC.	c EIN-PN 20-0446970-001
a	Plan name HRG MANAGEMENT, LLC 401(K) PS PLAN	
b	Name of plan sponsor HRG MANAGEMENT, LLC	c EIN-PN 81-1773216-001
a	Plan name IVANCICH & COSTIS, LLP 401(K) PLAN	
b	Name of plan sponsor IVANCICH & COSTIS, LLP	c EIN-PN 26-2298861-001
a	Plan name LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN	
b	Name of plan sponsor LAW OFFICES OF ANDREW BLUMER	c EIN-PN 41-2145148-777
a	Plan name LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEBB, CASON, COVICH P.C.	c EIN-PN 74-2387856-001
a	Plan name METAL CONSTRUCTION MATERIALS, LLC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor METAL CONSTRUCTION MATERIALS, LLC.	c EIN-PN 74-2064793-001
a	Plan name MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOODY PRICE, LLC	c EIN-PN 72-1044462-003
a	Plan name PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHATZ, ANDERSON & ASSOCIATES LLC	c EIN-PN 05-0565472-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	STEVEN A. VARANO, ESQ.
c	EIN-PN	22-3143496-001
a	Plan name	WTP 401(K) PLAN
b	Name of plan sponsor	WESTRAN THERMAL PROCESSING
c	EIN-PN	81-2963161-001
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	WULCO, INC.
c	EIN-PN	61-1171211-222
a	Plan name	XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST
b	Name of plan sponsor	XERION ADVANCED BATTERY CORP.
c	EIN-PN	45-3516563-001
a	Plan name	AIR BROOK LIMOUSINE, INC. 401(K) PLAN
b	Name of plan sponsor	AIR BROOK LIMOUSINE, INC.
c	EIN-PN	22-1930499-001
a	Plan name	AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	AIRMAX LLC
c	EIN-PN	84-1440204-001
a	Plan name	APPAREL MANUFACTURING CO., INC. 401(K) PLAN
b	Name of plan sponsor	APPAREL MANUFACTURING CO., INC.
c	EIN-PN	58-1847018-001
a	Plan name	APS 401(K) PLAN
b	Name of plan sponsor	ADVANCED POWDER SOLUTIONS OF TEXAS
c	EIN-PN	20-3150581-001
a	Plan name	DIRECT FLOORING, INC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	DIRECT FLOORING, INC.
c	EIN-PN	27-3853454-001
a	Plan name	EDUCATIUS GROUP 401(K) PLAN
b	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL
c	EIN-PN	26-4005699-001
a	Plan name	FAMILY RESOURCE CENTER RETIREMENT PLAN
b	Name of plan sponsor	FAMILY RESOURCE CENTER
c	EIN-PN	36-3532803-001
a	Plan name	FROST ROOFING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	FROST ROOFING, INC.
c	EIN-PN	34-4493960-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GRAND-JEAN CAPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAND-JEAN CAPITAL MANAGEMENT, INC.	c EIN-PN 94-3112978-001
a	Plan name	HEARTLIGHT PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHAAF DRUGS, LLC.	c EIN-PN 20-0329214-001
a	Plan name	HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name	HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
b	Name of plan sponsor	HUFFMAN, KELLEY & BROCK, LLC	c EIN-PN 30-0237801-001
a	Plan name	MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name	NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor	NRG MEDIA, LLC	c EIN-PN 56-2501807-001
a	Plan name	PS3 ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	PS3 ENTERPRISES, INC.	c EIN-PN 26-3852614-001
a	Plan name	PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C.	c EIN-PN 23-2704845-002
a	Plan name	RINDERKNECHT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RINDERKNECHT ASSOCIATES, INC.	c EIN-PN 42-0959632-001
a	Plan name	SAN JOSE SHARKS 401(K) PLAN	
b	Name of plan sponsor	SAN JOSE SHARKS, LLC	c EIN-PN 73-1638357-002
a	Plan name	ARENA EVENT SERVICES SAVINGS PLAN	
b	Name of plan sponsor	ARENA EVENT SERVICES	c EIN-PN 30-0766502-001
a	Plan name	ARGO MANAGEMENT 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ARGO MANAGEMENT INC.	c EIN-PN 65-1046532-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor ARIAS, TOVAR & ASSOCIATES, P.A.	c EIN-PN 65-0971956-001
a	Plan name CHANNEL FUSION 401(K) PLAN	
b	Name of plan sponsor CHANNEL FUSION	c EIN-PN 45-4018060-777
a	Plan name D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor D & S MACHINE REPAIR, INC.	c EIN-PN 38-2339143-001
a	Plan name MBCI TRIBAL GOVERNMENT ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	c EIN-PN 64-0345731-002
a	Plan name MBCI TRIBAL GOVERNMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	c EIN-PN 64-0345731-001
a	Plan name MBPIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	c EIN-PN 38-1956049-002
a	Plan name PLASTIC COMPONENTS, INC. 401(K) PLAN	
b	Name of plan sponsor PLASTIC COMPONENTS, INC.	c EIN-PN 59-1683347-001
a	Plan name RANGER DIE, INC. 401(K) PLAN	
b	Name of plan sponsor RANGER DIE, INC.	c EIN-PN 38-1858884-001
a	Plan name SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
b	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	c EIN-PN 26-2906915-001
a	Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name BARKING DOG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BARKING DOG, INC. DBA FASTSIGNS KIRKLAND	c EIN-PN 91-1637635-001
a	Plan name CORRA 401(K) PLAN	
b	Name of plan sponsor CORRA	c EIN-PN 04-3819932-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
a	Plan name GUINCO SERVICE 401(K) PLAN	
b	Name of plan sponsor GUINCO ENTERPRISES CORPORATION	c EIN-PN 46-5256563-001
a	Plan name JOHN MAGALHAES AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN MAGALHAES AND ASSOCIATES, INC.	c EIN-PN 04-3539096-001
a	Plan name A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	c EIN-PN 26-0880609-001
a	Plan name CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001
a	Plan name CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN	
b	Name of plan sponsor CHIROPRACTIC PLUS OF TRICITIES, P.C.	c EIN-PN 20-3867928-001
a	Plan name CHOICE CONCRETE CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-3294810-001
a	Plan name COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor COUNTRYSIDE MANAGEMENT, INC.	c EIN-PN 41-1813535-001
a	Plan name MCDONALD LIQUOR INC. 401(K) PLAN	
b	Name of plan sponsor MCDONALD LIQUOR INC.	c EIN-PN 41-1833330-001
a	Plan name MCM 401(K) PLAN	
b	Name of plan sponsor MCM CONSTRUCTION, INC.	c EIN-PN 31-1223854-001
a	Plan name PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PORTER KIAKONA KOPPER, LLP	c EIN-PN 99-0210947-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
b	Name of plan sponsor	SCHAEFFER DOUGLAS TITLE	c EIN-PN 20-3601896-001
a	Plan name	TRUTRON CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUTRON CORPORATION	c EIN-PN 38-1858530-001
a	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name	ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALEX TATUM CONSTRUCTION CO., INC.	c EIN-PN 58-1520046-002
a	Plan name	CARDIOVASCULAR CONSULTANTS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CARDIOVASCULAR CONSULTANTS PA	c EIN-PN 59-1923037-001
a	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name	EL POLLO LOCO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL POLLO LOCO, INC.	c EIN-PN 33-0377527-777
a	Plan name	GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a	Plan name	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a	Plan name	IMPAC SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	IMPAC SALES, INC.	c EIN-PN 20-8221129-001
a	Plan name	INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	INDEPENDENT CAPITAL MANAGEMENT LLC	c EIN-PN 26-3029556-001
a	Plan name	JAMES G. MURPHY, INC. 401(K) PLAN	
b	Name of plan sponsor	JAMES G. MURPHY, INC.	c EIN-PN 91-0901239-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PARK SPRINGS 401(K) PLAN	
b	Name of plan sponsor	PARK SPRINGS, LLC	c EIN-PN 58-2452928-001
a	Plan name	RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	RIVERHILLS HEALTHCARE, INC.	c EIN-PN 31-1412447-002
a	Plan name	SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMC CONSTRUCTION CO.	c EIN-PN 88-0319132-001
a	Plan name	SULLIVANS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	SULLIVANS USA, INC. 401(K) PLAN	c EIN-PN 36-3815229-001
a	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a	Plan name	WELLMAN SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WELLMAN SERVICES, LLC	c EIN-PN 27-1434287-001
a	Plan name	ZEHNDER COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ZEHNDER COMMUNICATIONS, INC.	c EIN-PN 72-1324835-001
a	Plan name	TACO ALOHA, INC. 401(K) PLAN	
b	Name of plan sponsor	TACO ALOHA, INC.	c EIN-PN 99-0171500-002
a	Plan name	TASTES ON THE FLY 401(K) PLAN	
b	Name of plan sponsor	TASTES ON THE FLY SAN FRANCISCO LLC	c EIN-PN 27-1859310-001
a	Plan name	CITY OF GIRARD RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF GIRARD ILLINOIS	c EIN-PN 37-6001364-001
a	Plan name	THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FINANCIAL GROUP OF PHILADELPHIA, LLC	c EIN-PN 20-2128204-001
a	Plan name	COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor	COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	COCHRANE SUPPLY ENGINEERING, INC.	c EIN-PN 38-1854848-001
a	Plan name	GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GISCLAIR & ASSOCIATES, INC.	c EIN-PN 72-1012609-001
a	Plan name	PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMO MEDICAL GROUP, INC.	c EIN-PN 04-2224896-002
a	Plan name	ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE CASTINGS COMPANY, LLC	c EIN-PN 20-0254788-001
a	Plan name	ALLIANCE TRANSPORTATION GROUP 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE-TEXAS ENGINEERING COMPANY	c EIN-PN 74-2851432-001
a	Plan name	GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name	QUIKKILL PEST ELIMINATORS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	QUIKKILL PEST ELIMINATORS, INC.	c EIN-PN 36-2840496-001
a	Plan name	ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANCHORAGE CHRYSLER CENTER, INC.	c EIN-PN 92-0037629-001
a	Plan name	ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-001
a	Plan name	ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor	ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-003
a	Plan name	HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	HAMMOND DRIVES AND EQUIPMENT, INC.	c EIN-PN 38-3301733-001
a	Plan name	MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	MCR SERVICES LLC	c EIN-PN 39-1969575-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name RED POINTE ROOFING 401(K) PLAN	
b	Name of plan sponsor RED POINTE ROOFING, LP	c EIN-PN 90-0957014-001
a	Plan name RK DIVERSIFIED ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RK DIVERSIFIED ENTERTAINMENT, INC.	c EIN-PN 95-4346665-001
a	Plan name ROBERT GELINAS, ESQUIRE 401(K) PLAN	
b	Name of plan sponsor ROBERT GELINAS, ESQUIRE	c EIN-PN 23-2214116-001
a	Plan name DANIEL S. BANDARI, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANIEL S. BANDARI, M.D., INC.	c EIN-PN 26-3401605-001
a	Plan name AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor AUGUSTA ONCOLOGY ASSOCIATES, P.C.	c EIN-PN 58-1481590-002
a	Plan name ROTHSCHILD DOYNO COLLABORATIVE, P.C. 401(K) PLAN	
b	Name of plan sponsor ROTHSCHILD DOYNO COLLABORATIVE, P.C.	c EIN-PN 25-1802649-777
a	Plan name VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
b	Name of plan sponsor VICTOR EMANUEL NATURE TOURS, INC.	c EIN-PN 74-1942295-001
a	Plan name SCOTT MCLEOD PLUMBING, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor SCOTT MCLEOD PLUMBING, INC.	c EIN-PN 32-0067594-002
a	Plan name WEST JERSEY AC & HEATING 401(K) PLAN & TRUST	
b	Name of plan sponsor WEST JERSEY AC & HEATING COMPANY	c EIN-PN 26-0003283-001
a	Plan name WESTERN CAMPS, INC. 401(K) PLAN	
b	Name of plan sponsor WESTERN CAMPS, INC.	c EIN-PN 95-2499851-001
a	Plan name BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BESTCO ELECTRIC, INC.	c EIN-PN 94-2212170-002
a	Plan name DYNAMIC PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor DYNAMIC PLASTICS, INC.	c EIN-PN 38-3094135-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001
a	Plan name	WILEY SANDERS TRUCK LINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILEY SANDERS TRUCK LINES, INC.	c EIN-PN 63-0630434-001
a	Plan name	WILLIAM ZALLA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WILLIAM ZALLA CONSTRUCTION COMPANY, INC.	c EIN-PN 61-0964984-001
a	Plan name	BRASSFIELD ESTATE WINERY 401(K) PLAN	
b	Name of plan sponsor	BRASSFIELD ESTATE WINERY, LLC	c EIN-PN 41-2103926-001
a	Plan name	JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001
a	Plan name	JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
a	Plan name	SMOLAR ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	SMOLAR ENTERPRISES, LLC	c EIN-PN 52-2226180-001
a	Plan name	SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
a	Plan name	SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNRA COMMODITIES, INC.	c EIN-PN 46-3031744-001
a	Plan name	BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor	BURGESS CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-2694249-001
a	Plan name	STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LENTZ COMPANIES, INC.	c EIN-PN 75-2750789-001
a	Plan name	ACOSTA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACOSTA GROUP	c EIN-PN 74-2183937-001
a	Plan name	GENESIS ENVIRONMENTAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GENESIS ENVIRONMENTAL SOLUTIONS, INC.	c EIN-PN 20-1763158-001
a	Plan name	GEORGE T. MALY, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGE T. MALY, MD, LLC	c EIN-PN 20-5493129-002
a	Plan name	GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	GEORGIA SPECIALTY CONSTRUCTORS, INC.	c EIN-PN 58-1505420-002
a	Plan name	MAGNUM MACHINE 401(K) PLAN	
b	Name of plan sponsor	MAGCO MACHINE & MANUFACTURING DBA MAGNUM MACHINE & MANUFACTURING	c EIN-PN 74-2978531-001
a	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001
a	Plan name	THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	ROUND ROCK BASEBALL CLUB, LP	c EIN-PN 77-0646382-001
a	Plan name	THE SHELTERING ARMS SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE SHELTERING ARMS	c EIN-PN 58-0566236-777
a	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name	ALTA PROFESSIONAL INSURANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTA PROFESSIONAL INSURANCE SERVICES AGENCY, LLC	c EIN-PN 20-1151904-001
a	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MATICH CORPORATION	c EIN-PN 95-1810911-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CONTACTUS 401(K) PLAN	
b	Name of plan sponsor	CONTACTUS,LLC	c EIN-PN 45-4001073-001
a	Plan name	TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRADITIONAL BANK, INC.	c EIN-PN 61-0284535-003
a	Plan name	HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
b	Name of plan sponsor	HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	c EIN-PN 34-1165089-001
a	Plan name	HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name	HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name	HARRISON M. ISHIDA, D.D.S., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARRISON M. ISHIDA, D.D.S., INC.	c EIN-PN 99-0168361-001
a	Plan name	RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	RELIABLE INDUSTRIES INC. OF NEW ORLEANS	c EIN-PN 72-0936490-001
a	Plan name	ASSURANCE LABS RETIREMENT READINESS PLAN	
b	Name of plan sponsor	ASSURANCE DRUG TESTING LABORATORIES, LLC	c EIN-PN 20-4013455-001
a	Plan name	HILLSIDE CUSTOM MACHINING WELDING & FABRICATION LLC 401(K) PLAN	
b	Name of plan sponsor	HILLSIDE CUSTOM MACHINING WELDING & FABRICATION	c EIN-PN 20-1606458-001
a	Plan name	ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
b	Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	c EIN-PN 46-0750094-001
a	Plan name	VELOCITY STAFF 401(K) PLAN	
b	Name of plan sponsor	VELOCITY STAFF, INC.	c EIN-PN 20-1745461-001
a	Plan name	MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MJD TRUCKING, INC.	c EIN-PN 65-0831291-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BEHAVIORAL INTERVENTION GROUP	c EIN-PN 20-5450870-001
a	Plan name	WESTERN SHEET METAL, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN SHEET METAL, INC.	c EIN-PN 87-0296587-001
a	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name	BI-QEM INC. 401(K) PLAN	
b	Name of plan sponsor	BI-QEM INC.	c EIN-PN 04-2783625-001
a	Plan name	BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN	
b	Name of plan sponsor	BIO-MED BEHAVIORAL HEALTH CARE, P.C.	c EIN-PN 38-3469611-001
a	Plan name	INVESTMENT CENTER 401(K) PLAN	
b	Name of plan sponsor	INVESTMENT CENTER	c EIN-PN 42-1485034-001
a	Plan name	NEXT DOOR SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	NEXT DOOR FOUNDATION, INC.	c EIN-PN 39-1162969-002
a	Plan name	NEXT LEVEL IT, LLC 401(K) PLAN	
b	Name of plan sponsor	NEXT LEVEL IT, LLC	c EIN-PN 87-2800471-001
a	Plan name	NISBET ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	NISBET ENTERPRISES, INC.	c EIN-PN 65-0685929-001
a	Plan name	KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor	KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	c EIN-PN 38-3162435-001
a	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PETE'S PLUMBING 401(K) PLAN	
b	Name of plan sponsor	PETE'S PLUMBING, INC.	c EIN-PN 20-0937994-001
a	Plan name	TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor	TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001
a	Plan name	WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor	WHITE BRENNER LLP	c EIN-PN 46-1799572-001
a	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	WOMENFIRST, LLC 401(K) PLAN	
b	Name of plan sponsor	WOMENFIRST, LLC	c EIN-PN 41-2192392-001
a	Plan name	BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name	CAHFC 401(K) PLAN	
b	Name of plan sponsor	CAPITAL AREA HOUSING FINANCE CORPORATION	c EIN-PN 42-1550637-001
a	Plan name	CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAIN THOMAS ASSOCIATES, INC.	c EIN-PN 41-1453222-001
a	Plan name	CALIBER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	c EIN-PN 26-4751651-001
a	Plan name	CLAYTON PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor	CLAYTON PHARMACY SERVICES	c EIN-PN 45-4098818-001
a	Plan name	CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CONTRACT TRANSPORT, INC.	c EIN-PN 42-0981821-002
a	Plan name	CROY CONTRACTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROY CONTRACTING, INC.	c EIN-PN 54-1616963-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DEVILS LAKE WATER SPORTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DEVILS LAKE WATER SPORTS, INC.	c EIN-PN 38-2824763-001
a	Plan name	DUCTCO, LLC 401(K) PLAN	
b	Name of plan sponsor	DUCTCO, LLC	c EIN-PN 46-2763056-002
a	Plan name	EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
b	Name of plan sponsor	EAST TENNESSEE NEPHROLOGY, P.C.	c EIN-PN 62-1835816-001
a	Plan name	EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
b	Name of plan sponsor	MEGA HERTZ SALES COMPANY	c EIN-PN 84-0855727-001
a	Plan name	ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor	ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name	FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FAIRGROUNDS TRANSPORTATION	c EIN-PN 26-1692517-001
a	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	c EIN-PN 23-2150407-777
a	Plan name	GIBSON OVERSEAS, INC. 401(K) PLAN	
b	Name of plan sponsor	GIBSON OVERSEAS, INC.	c EIN-PN 95-3393699-002
a	Plan name	GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GROVE HEALTH DENTAL	c EIN-PN 26-0281244-001
a	Plan name	HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	HARTWIG PLUMBING & HEATING, INC.	c EIN-PN 36-3618206-001
a	Plan name	IRONTITE PRODUCTS INC. EMPLOYEES SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	IRONTITE	c EIN-PN 42-1500949-001
a	Plan name	JHA MANAGEMENT, INC. & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	JHA MANAGEMENT, INC.	c EIN-PN 22-2378831-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor KRIEGEL HOLDING COMPANY, INC.	c EIN-PN 30-0227844-001
a	Plan name KUNCAI AMERICAS, LLC 401(K) PLAN	
b	Name of plan sponsor KUNCAI AMERICAS LLC	c EIN-PN 47-5443652-001
a	Plan name LASER TECH USA, INC 401(K) PLAN	
b	Name of plan sponsor LASER TECH USA, INC	c EIN-PN 42-1459197-001
a	Plan name MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
a	Plan name MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIPRO CONSULTING, LLC	c EIN-PN 20-2695598-001
a	Plan name MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor MOHS CONSTRUCTION COMPANY, INC.	c EIN-PN 46-1727385-001
a	Plan name NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor NEUMANN MONSON, INC.	c EIN-PN 42-1242646-222
a	Plan name NEW DAY CHRISTIAN DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor NEW DAY CHRISTIAN DISTRIBUTORS, INC.	c EIN-PN 62-1126698-001
a	Plan name OLYMPIATECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	c EIN-PN 41-0919848-001
a	Plan name ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RALPH MOYLE, INC. 401(K) PLAN	
b	Name of plan sponsor	RALPH MOYLE, INC.	c EIN-PN 38-1819896-001
a	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
a	Plan name	SENTINEL 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SENTINEL OFFENDER SERVICES, LLC	c EIN-PN 33-0929945-001
a	Plan name	SIAGEL PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	c EIN-PN 04-2999213-001
a	Plan name	SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001
a	Plan name	STELLAR VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor	STELLAR VETERINARY SERVICES, LLC	c EIN-PN 47-2964550-001
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	T-G ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	T-G ENTERPRISES, INC.	c EIN-PN 61-0864715-001
a	Plan name	ADM WELDING & FABRICATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADM WELDING & FABRICATION	c EIN-PN 25-1514853-001
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	AMERICAN GALVANO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN GALVANO, INC.	c EIN-PN 20-0161792-001
a	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
b	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	c EIN-PN 66-0274215-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	APEX ENDODONTICS 401(K) PLAN	
b Name of plan sponsor	SANG YUN RO, DDS, PC	c EIN-PN 05-0577077-001

a Plan name		
b Name of plan sponsor		c EIN-PN

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b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan IVY MID CAP GROWTH RET OPT	B Three-digit plan number (PN) ▶ 515
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27956930
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	26702520
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	27956930	26702520
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	27956930	26702520

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1304146	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1765153
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		461007

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	85049	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		85049
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		85049

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		375958
l Transfers of assets:			
(1) To this plan.....	2l(1)		9875979
(2) From this plan	2l(2)		11506347

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.